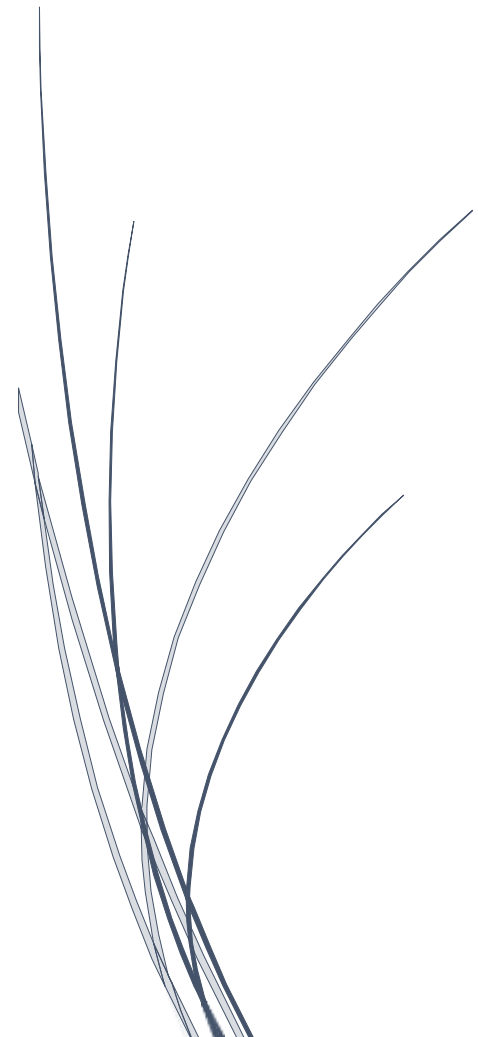


Children's Division Access to Medical Records Report

Report for January 1, 2022 – June 30, 2022

1st Semiannual 2022



Introduction

The Department of Social Services (the Department) oversees several programs to support the general welfare of children in the State of Missouri. The Department has established the Children's Division to administer and manage the programs for children who are in the legal custody of the state. The Children's Division promotes the well-being of Missouri children by partnering with parents, family/community members, and government agencies. The Children's Division has developed specific programs to provide specialized services. These programs help strengthen families through intervention, prevention, early childcare, adoption, and foster care.

Each Children's Division program is unique; however, the emphasis of this report is on the children in the "Missouri Foster Care Program." This refers to children placed away from their parents or placed in Children's Division custody for 24-hour care. A foster care program includes placements in: foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. When children are suddenly separated from their parents or other caregivers for entrance into the foster care system, it can be a difficult and traumatic time for families. When the child is in Children's Division custody, it is in the best interests of the child for parents, resource providers, and case managers to know that child's medical history and current information and share that medical history with those individuals who are providing care.

This report documents the commitment of the Children's Division to ensure that pertinent medical records and/or medical information for a child will be made available to appropriate members of the child's treatment and/or family support team. The child's teams may include resource providers (such as foster parents), a guardian ad litem, medical care providers, parents, and other individuals who provide support or services to a child or family. Access to medical records and/or medical information is consistent with federal and state law and Children's Division policy.

To ensure the confidentiality, maintenance of, and access to a child's medical record are consistent with applicable provisions of federal and state law, Children's Division is compliant with the Department's information security policy. The information security process was implemented to be in compliance with the federal Health Insurance Portability and Accountability Act and the State of Missouri's Sunshine Law requirements.

The term medical record is used to describe the systematic documentation of a child's medical history and plan of care. The medical record includes a variety of "notes" entered by health care providers. These notes include, but are not limited to: orders for the administration of drugs and therapies, laboratory results, treatment/service plans, and observations of the child's symptoms and/or responses to treatment. The information contained in the medical record allows health care providers to assess the child's current treatments and review previous medical history. This can increase the providers' ability to prescribe safe and effective remedies. The medical record serves as the central source for planning the child's care and documenting the provision of medical services.

The Children's Division has placed great importance on the oversight and coordination of medical/behavioral health services provided to children in its care and custody. Access to medical records is a vital and essential service for each child. The medical records can provide prescribers, the child, parent(s), placement providers, and case managers with enough information to promote the effective and efficient delivery of various medical/behavioral health treatments. This report contains Children's Division's current efforts to create access to medical records and their future plans to provide access to these records.

Current Efforts for Access to Medical Records

The Cerner pilot project in Jackson, Cass, Vernon, Clay, and Platte counties has been the focus of the Children's Division efforts to promote access to medical information for the child/youth's team members. A summary of the project is the development of the HealtheIntent platform that combines data from the Lewis And Clark Information Exchange (LACIE Health Information Exchange), Medicaid Management Information System (MMIS) Claims (Wipro Infocrossing, Inc.), and Family and Children Electronic System (FACES). This platform is the basis of the HealtheIntent Foster Children's Registry, which is a management system with disease and wellness standards of care. HealtheIntent and the Registry can be helpful for Children's Division staff to view medical information prior to Family Support Team (FST) meetings, any foster care placements, and home visits. More specific details about the project may be found in prior reports. The Health Information Specialist Unit team members are working with MO HealthNet Division and Cerner staff to increase access and utilization of the platform. The Department is in discussions with Cerner to expand the project statewide.

The Children's Division FST meetings facilitate an on-going collaborative setting to discuss the elements of the Missouri Model for Alternative (Foster) Care. The Model is a communication process for planning, developing, implementing, and monitoring of the objectives/goals in the child/youth's "Social Service Plan." During the meetings, the tools utilized to help create the Social Service Plan such as the Initial Family Assessment can be discussed. The Initial Family Assessment will be completed within the first four weeks of case opening and allows team members to be informed and promote engagement. The ability for members to access this information would be during any placements and throughout the duration of the child/youth's custody and care with Children's Division.

The Initial Family Assessment contains discussions for the distribution of the [Health Care Information Summary](#), and [Child/Family Health and Developmental Assessment](#) forms that are required to be completed and provided to the resource provider within 72 hours whenever possible, but no later than 30 days following the initial placement date. At the time of a subsequent placement, the assessment, an updated summary form, and all prior [Monthly Medical Logs](#) must be provided to the resource provider no later than 72 hours following the subsequent placement date.

The improvements in technology have created a demand to develop an efficient data system that can facilitate effective and consistent reliance on the information within that system. The Department has received the funding to develop a new Children's Division Case Management System to replace the Family and Children Electronic System (FACES) database. The basis of the FACES system is a Comprehensive Child Welfare Information System and was developed to provide an automated, integrated case management tool for Children's Division staff. The FACES system allows staff to start from the initial Intake of a call at the Child Abuse/Neglect Hotline, to the Investigation and Assessment of that call and then, when warranted, to the Case Management function where ongoing services are provided to children and families. Case Management services encompasses foster care, adoption, guardianship, intensive in-home services and family-centered services. The principal goal of the new system will be to expand on the FACES framework of tracking a case from Intake to case closing and retaining/retrieving the history of services provided to children and their families.

In an effort to create an innovative and proficient system, Children's Division staff have met with several subject matter experts within Children's Division to discuss the current function of FACES pertaining to their specialty, what works well, what does not work well, and what is needed to make the system better. This mapping process can generate improved ways to allow the new system to create a well-designed method to support access to medical information.

The FST meetings, Social Service Plan, and the development of a new case management system can provide a basis whereby pertinent medical information about the child/youth and their family can be made available to appropriate members of the child/youth's team. Any access to medical information is and will be consistent with federal/state laws and policy regarding confidentiality and privacy.

Future Plans for Access to Medical Records

On July 1, 2022, the Department awarded the Managed Care Program contract to Home State Health to improve children/youth's access to needed services and increase the quality of health care services for the children/youth in the care or custody of the State. An essential part of the quality of health care services is the development, implementation, operation, and management of a complete medical record for each child in Alternative (Foster) Care. This medical record can provide the means to allow medical/health, behavioral, social, and other child/youth/family care partners' access to pertinent medical information.

The Managed Care Program requires members within the "Specialty Plan" (all children in the care and custody of the Department) to be linked with a Primary Care Provider of their choice. The Primary Care Provider is required to maintain a comprehensive and current medical record, participate in the care management team, as applicable and medically necessary, and work with care managers in developing plans of care for members receiving care management services.

In addition to the Primary Care Provider, the members of a care management team may include Care Management Supervisors and Member/Provider Services (Care Management) staff. The supervisor will be responsible for all staff and activities related to the care management program and will be responsible for ensuring the functioning of care management activities across the continuum of care. The Care Management staff will be responsible for coordinating communications with members, the "Specialty Plan," providers, and other individuals involved in the child/youth's care to enable prompt resolution of any complications or inquiries. This team focuses on the provision of care management activities.

A service within the care management activities is an initial care and disease management assessment that will be completed within 14 calendar days of enrollment to identify the appropriate care management tier (care level) and present issues necessary to start the formulation of the member's care plan. When the Care Plan is complete, it must be updated at least quarterly and following every member/family touch, and provider interaction, within 10 calendar days of discharge from an inpatient state or emergency room visit, and any other pertinent event. Care Management staff will re-evaluate a member's care level assignment whenever there is a significant change in the member's needs or risk factors, but no less than annually. In addition to the Care Plan, there are provisions in the "Specialty Plan" to provide outreach to members/families/resource providers to engage in care management activities.

The Care Management staff members will closely coordinate with Children's Division/Foster Care Case Management, Division of Youth Services, Department of Mental Health staff and other entities who may be providing case management activities. This collaboration can allow the establishment of simultaneous membership in the Care Management and FST teams. The ability to meet and discuss the child's Specialty Plan Care Plan and the Children's Division Social Service Plan to organize the delivery services, avoid duplication of those services, and determine the need for any medical information can ensure the appropriate use of time and resources.

Coordination and access to the medical record will be vital to the planning and delivery of various care and case management activities. These activities include working with Children's Division/Foster Care Case Management staff, the legal guardian, resources providers (foster parents) and other team partners to ensure that the "Specialty Plan" member receives all required examinations and healthcare visits/interventions within the time specified by the State and determined by the child/youth's needs. Each member is entitled to one free copy of their medical records annually.

The Department has identified a structure and acquired the services of Home State Health to operate, develop, administer, and manage a comprehensive medical record for members in foster care. The requirements in the "Specialty Plan" allows for communication and collaboration of service needs and subsequent access to medical records for team partners directly involved in the child/youth's care.